



Illinois Department of Public Aid

no. : H200-04-1

ILLINOIS MEDICAL ASSISTANCE PROGRAM PROVIDER BULLETIN

December 17, 2004

TO: Enrolled Hospitals – Chief Executive Officers, Chief Financial Officers, and Patient Accounts Managers; and Renal Dialysis Facilities

RE: COVERAGE OF RENAL DIALYSIS INJECTABLE DRUGS

Effective with dates of service on and after March 1, 2004, the department will provide reimbursement for the HCPCS injectable drug code **Q4054 - Injection, Aranesp, 1 mcg.**

Additionally, in a Provider Bulletin dated October 6, 2003, the department notified providers of new renal dialysis drug coverage and rate information. One new injectable drug code was inadvertently omitted from that bulletin. Effective with dates of service on and after January 1, 2003, the department will provide reimbursement for the HCPCS injectable drug code **J1756 - Injection, Iron Sucrose, (Venofer) 1 mg.**

The current injectable drug codes are identified in the attached update to the Hospital Handbook. The Physician Fee Schedule on the department's Web site also contains these codes and identifies their rates. **Hospitals and renal dialysis facilities need to verify rate information for the injectable drugs from the fee schedule.** The Physician Fee Schedule is located at <<http://www.dpailinois.com/reimbursement/>>.

This bulletin and replacement page for the Handbook for Hospitals referencing the drug coverage changes are available on the department's Web site at <<http://www.dpailinois.com/hospitals/>>. Changes to the replacement handbook page are acknowledged by an "=" to the left of the affected text. Please note that the Handbook for Hospitals is not currently available on the Web site.

Paper copies of the replacement page, as well as an entire handbook, may be obtained by written request. To ensure delivery, you must specify a physical street address when requesting a paper copy. You may submit your written request to the address below, or fax or e-mail it as noted:

Illinois Department of Public Aid
Provider Participation Unit
Post Office Box 19114
Springfield, Illinois 62794-9114
Fax Number: 217-557-8800 / E-Mail Address: PPU@idpa.state.il.us

To reduce copying and mailing cost, the department may not always include hardcopies of attachments referenced in notices and bulletins. Web site links will be identified so providers may view and print the material from the Internet. Providers wishing to receive e-mail notification, when new provider information has been posted by the department, may register at the following IDPA Web sites:

<http://www.dpailinois.com/provrel/> or <http://www.ildpa.com/provrel/>

E-mail: dpawebmaster@idpa.state.il.us

Internet: <http://www.dpailinois.com/>

Instructions for updating the Handbook for Hospitals:

Replace page one of Appendix H-18 dated September 2003 with the attached revised page one dated December 2004. Providers may wish to retain the September 2003 page as a reference.

COVERED INJECTABLE DRUGS PROVIDED IN CONJUNCTION WITH RENAL DIALYSIS

DRUG	DOSAGE/ UNITS	MAXIMUM DOSAGE/ UNITS PER VISIT	HCPCS CODE	COVERAGE BEGIN DATE	COVERAGE END DATE
Calcitriol (Calcijex)	1 mcg 1 unit	4 mcg 4 units	J0635	06/01/96	09/30/03
Cefazolin Sodium	500 mg 1 unit	2 gm 4 units	J0690	06/01/96	
Cefoxitin Sodium	1 gm 1 unit	2 gm 2 units	J0694	06/01/96	
Gentamicin Sulfate	80 mg 1 unit	400 mg 5 units	J1580	06/01/96	
Vancomycin	500 mg 1 unit	2 gm 4 units	J3370	06/01/96	
Tobramycin Sulfate	80 mg 1 unit	400 mg 5 units	J3260	06/01/96	
Vitamin K/ Aquamephyton	10 mg 1 unit	50 mg 5 units	J3430	06/01/96	
Iron Dextran	50 mg/cc 1 unit	100 mg/2 cc 2 units	J1750	01/01/01	
Paricalcitol (Zemplar)	1 mcg 1 unit	2 mcg 2 units	W0237	02/01/02	09/30/03
Paricalcitol (Zemplar)	5 mcg 1 unit	20 mcg 4 units	J2500	01/01/01	09/30/03
Sodium Ferric Gluconate Complex in Sucrose (Ferrlecit)	62.5 mg/5 cc 1 unit	125 mg/10 cc 2 units	J2915	01/01/01	09/30/03
Doxercalciferol (Hectoral)	1 mcg/0.5 cc 1 unit	6 mcg/3 cc 6 units	J1270	01/01/02	
Venofer	20 mg/cc 1 unit	100 mg/5 cc 5 units	J1755	01/01/02	09/30/03
=Venofer	1 mg 1 unit	100 mg 100 units	J1756	01/01/03	
Cathflo Activase	1 mg 1 unit	4 mg 4 units	J2997	07/01/02	
Paricalcitol (Zemplar)	1 mcg 1 unit	20 mcg 20 units	J2501	01/01/03	
Sodium Ferric Gluconate Complex in Sucrose (Ferrlecit)	12.5 mg 1 unit	125 mg 10 units	J2916	01/01/03	
Calcitriol (Calcijex)	0.1 mcg 1 unit	4 mcg 40 units	J0636	01/01/03	
=Aranesp	1 mcg. 1 unit	Not Applicable	Q4054	03/01/04	

The above table identifies the lowest amount for a dosage of the drug. If the dose given is less than the amount listed for the dosage of the drug, the units field, Form Locator 46, must reflect one dose. If the dosage is one plus a portion of the amount listed, the dosage must be rounded up to the nearest whole number.

